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09/942,061 Application Number **TRANSMITTAL** Filing Date August 29, 2001 First Named Inventor Bobby Hu **FORM** 3723 Art Unit (to be used for all correspondence after initial filing) **Examiner Name** Hadi Shakeri 2186-00501 DVF Total Number of Pages in This Submission Attorney Docket Number

ENCLOSURES (check all that apply)									
Fee Transmittal Form		☐ Drawing(s)	After Allowance Communication to Group						
Fee Attached		☐ Licensing-related Papers	□ Appeal Communication to Board of Appeals and Interferences □ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) □ Proprietary Information □ Status Letter □ Other Enclosure(s) (please identify below):						
Amendment/Reply		☐ Petition							
☐ After Final		Petition to Convert to a Provisional Application							
Affidavits/declaration(s)		Power of Attorney, Revocation Change of Correspondence Address							
Extension of Time Request									
Express Abandonment Request		☐ Terminal Disclaimer							
☐ Information Disclosure Statement		Request for Refund							
Certified Copy of Priority Document(s)		☐ CD, Number of CD(s)							
Response to Missing Parts/ Incomplete Application		☐ Landscape Table on CD							
Response to Missing Parts under 37 CFR 1.52 or 1.53		Remarks							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT									
Firm	CONLEY ROSE, P. C.								
Signature	· Selle								
Printed name	DEREK V. FORINASH								
Date August 8, 200		5 Reg. N	No. 47,231						
CERTIFICATE OF TRANSMISSION/MAILING									
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.									
Typed or Printed Name	M. A. CRABTREE								
Signature		C. Cralbre Date	August 8, 2005						

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL For FY 2005 First Named Inventor Bobby Hu	Effective on 12/08/04. Fees possuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Complete if Known							
For FY 2005 Filts hamed inventor Bobby Hu Examiner Name Hudi Shukeri	DENARY FEE	TD A NIC	RAITT A I	(n.K. 4010).	Application Number	09/942,	061				
Examiner Name	TEL IIIAIOMITTAL			Filing Date	August	August 29, 2001					
Applicant claims small entity status. See 37 CFR 1.27	F	or FY 2	2005		First Named Invento	or Bobby I	Hu				
Application Provided Provid					Examiner Name	Hadi Sh	akeri				
METHOD OF PAYMENT (check all that apply)	Applicant claims s	mall entity stat	us. See 37 CFR	1.27	Art Unit	3723					
Check			(6)		Attorney Docket No	. 2186-00	501 DVF				
Check	LITTUOD OF DAYMEN										
Deposit Account Deposit Account Number: 03-2769 Deposit Account Name (Conley Rose, P.C.) For the above-Identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee EXAMINATION FEES SEARCH FEES EXAMINATION FEES Fee (\$) Fe	METHOD OF PAYMEN	IT (check all th	at apply)								
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Charge fee(s) indicated below	Deposit Account	Deposit Acco	unt Number:: 03-2	2769 Deposit	Account Name: Conle	ey Rose, P.C	<u>C.</u>				
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 NARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. NARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. NARNING: Information on PTO-2038. NEEC CALCULATION 1. BASIG FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES SEARCH FEES SEARCH FEES SEARCH FEES Small Entity Fee (\$) Fee (\$) Fee (\$) Fee (\$) Plant 200 100 300 150 500 250 600 300 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 0 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each claim over 20 (including Reissues) 50 25 Each claim over 3 (including Reissues) 50 100 Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 104ep. Claims Extra Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$2.50 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 5 USLC. A (16)(10) and 37 CFR 1.52(e), the application size fee due is \$2.50 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 5 USLC. A (16)(10) and 37 CFR 1.52(e), the application size fee due is \$2.50 (\$125 for small entity) for each additional 50 sheets or fraction thereof.	For the above										
AVARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. AVARINING: Information on PTO-2038. FEE CALCULATION	Charge Charge	fee(s) indicate	ed below		Charge fe	e(s) indicated	below, except fo	r the filing fee			
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(Attorney/Agent) 47,231 Telephone (713) 238-8000	SUBMITTED BY		1								
Name (Print/Type) DEREK V. FORINASH Date August 8, 2005	Signature	Della	0			.231	Telephone (713	3) 238-8000			
	Name (Print/Type) DE	ame (Print/Type) DEREK V. FORINASH					Date August 8, 2005				

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